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Berkshire County Council

REPORT

OF THE



COUNTY MEDICAL
OFFICER

FOR THE YEARS

1961 and 1962

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INTRODUCTION

*To the Chairman and members of the Health
Committee of the Berkshire County Council*

I have the honour to present my Report for the years 1961 and 1962.

This will be the last of the Reports, covering a period of fifteen years, that I shall have the privilege of making to the Health Committee. During this period a great number of things of importance and interest have occurred, and it will be necessary in this introduction, in which I shall try to take something of a general view of the fifteen years since 1947, to select only some of the large number of topics that deserve special mention.

The last death from *diphtheria* occurred in 1947, and the last case in 1954, in which year there was a single case of the disease. It was known that immunisation increases resistance to the disease; it was not expected that, as now appears to be the case, immunisation also reduces markedly the prevalence of virulent strains of the organism in the community. The reduction of *tuberculosis* in the last half century can be seen from the Table on page 10 of the Report, and it is to be hoped that the residual strength of tuberculosis will be still further reduced by the effect of B.C.G. immunisation of school leavers. This method of immunisation, like the more recent immunisation against poliomyelitis, has, I think, met with an exceptionally satisfactory response in Berkshire.

The vital statistics of the county have continued since 1947 to be among the best in the British Isles. It is of course desirable to take a group of years in making comparisons, in order to reduce the proportionately large variations due to chance that occur with small numbers. It is therefore of interest to consider the more important vital statistics for the county in the five year period 1947-51 in comparison with those for 1957-61. Thus, much the most important part of infant mortality is that for infants dying before reaching a month of age, the so-called neo-natal mortality, the *rate of neo-natal mortality* being the number of infants dying under one month of age for every thousand infants born in the same period.

<i>Quinquennium</i>	<i>Neo-natal mortality rate</i>		<i>BERKSHIRE as per cent of England and Wales</i>
	<i>BERKSHIRE</i>	<i>ENGLAND and WALES</i>	
1947-51 ..	16.6	20.4	81.4
1957-61 ..	12.39	15.85	78.2

The still-birth rate for Berkshire has changed little during the period 1947-51 to 1957-61. In the former quinquennium this rate was 15 per thousand total births. The rate for 1957-61 was 16. This is not a significant difference, and it is to be noted that the rate for Berkshire in 1957-61 is still only 77 per cent of that for England and Wales, and is among the lowest.

The *peri-natal mortality rate* requires special consideration, if only because it is likely to receive considerable public attention when the detailed findings of the recent National Birthday Trust Fund investigation are available for general study. This rate is of recent introduction and represents an effort to express in statistical form the risks to the infant that arise from birth, from the period just before, the period during, and the period immediately following, birth. Thus, it combines the still-birth rate and the early neo-natal mortality rate, the latter being the death rate for infants under

one week of age. The peri-natal mortality rate is, therefore, the still-births *plus* the deaths under one week of age per thousand total births. For scientific purposes, it may still be preferable to deal with the still birth rate and the early neo-natal infant mortality rate separately. However, the new peri-natal mortality rate is now well established, very largely because of the desire of those whose interest in the subject is chiefly obstetrical to have some statistical standard for obstetrics as it affects the baby. It is therefore necessary to understand this new rate, and it is gratifying to observe that the rate for Berkshire, for the five year period for which full statistics are now available (1957-61, which is for this reason used in the whole of this part of this introduction), is among the four that are all below 27 and are the lowest in England and Wales. The differences between these four areas for this five year period are not statistically significant on the standard generally adopted.

<i>County</i>	<i>Peri-natal mortality rate, 1957-61</i>		
Cambridgeshire	25.9
Oxfordshire	26.3
Berkshire	26.6 \
East Sussex	26.7

When the report of the National Birthday Trust Fund investigation is available for study, it may well be found that an important part of its conclusions involve an endeavour to establish the extent to which the deaths of infants are "avoidable". If so, the essentially subjective nature of this process must be borne in mind. Bodies such as the Health Committee, whose interests are primarily, although not exclusively, in the domiciliary part of obstetric services, will also have to take into account a fallacy which may occur in observations of this kind, namely, the assumption that a baby would *not* have died if it had been removed to hospital. Similar considerations arise, of course, in relation to analyses of confidential reports on maternal deaths.

The question of smoking and lung cancer was considered in some detail in the Report for 1957-58. The Health Committee has rightly continued to concentrate its efforts in this matter on trying to prevent children from taking up smoking at all. However, there is no doubt that the great effort that has been made to this end in the schools must necessarily be largely negated by other influences in the child's environment, particularly in the home, in entertainment, and in social life generally, as was pointed out in the Report above referred to. Television would appear to be much the most suitable medium for overcoming these formidable difficulties, and now that time can be purchased on the independent television networks this should be practicable. However, it would not be easy to decide what to present in order to obtain a good result. The desire to make material of this kind simple is understandable. Nevertheless, much of the material produced so far has been incomplete to the point of being misleading. It would appear that the majority of citizens can appreciate, and indeed prefer, a reasonably complete view of a problem such as this, and that public confidence in health education generally would be increased if its material on this topic were better balanced. The situation in round figures is that the non-smoker has a chance of 1 in 200 of dying of lung cancer; the pipe smoker has a chance of 1 in 60; and the more than moderate smoker of cigarettes has a chance of 1 in 10 of dying of this disease. The really heavy cigarette smoker has a rather bigger

chance again, perhaps 1 in 8. It must be emphasised that these risks only apply if smoking has been indulged in at the given level, and in the given mode, over very many years. It must certainly be added, if a true picture is to be given to the public, that we have not been able until recently to give the risks for cigar smokers. In this country there have never been enough cigar smokers for any of our investigators to be able to elucidate this aspect. In America there are sufficient cigar smokers for this purpose, and American figures, which have every appearance of being reliable, show that the risk of lung cancer in cigar smokers is exactly the same as that in non-smokers. It is of course appreciated that for a very large proportion of the public smoking means cigarette smoking. However, expediency should not be so exclusively the basis for health education as it often is, and the public would probably appreciate to an unexpected degree a presentation of this subject that is more complimentary to the understanding of the average citizen, and such a presentation should certainly include the main point that the association with lung cancer is not with tobacco *per se*, but with the method of its use. Finally, it must be clearly appreciated, and the principle must certainly not be neglected in education, that large numbers of things, this included, are essentially matters for individual choice. The main thing is to explain the essential facts in a balanced way, without bias, depending only on the available evidence. These facts are in broad outline set out above. I have encountered many heavy cigarette smokers who say that they appreciate the facts of the situation, but that they have decided to take the chance of roughly 9 in 10 of *not* dying of lung cancer. Some add that the situation is not inconsistent with the possibility that the one out of ten who does die of lung cancer does so because of a genetic predisposition. However, it can be pointed out that the small amount of evidence that we have on the point, which is from animal experiments, is if anything against this suggestion, but is rather to the effect that some, and perhaps the majority, of the other nine would die of lung cancer if they lived long enough (and continued the same smoking habits), and were not carried off earlier by other and more common causes of death. To this, of course, the heavy cigarette smoker can well reply that this consideration appears to have little practical effect in any case as far as his own situation is concerned. The point is only mentioned here for completeness, and because it is one that sometimes arises in discussions on this matter. Similarly, I have known of cases in which children have been acutely worried, believing that their father is well-nigh certain to die, at an early age, of lung cancer, and it is found that the father is a very moderate pipe smoker. The risk in such a case is, of course, relatively small, and anxiety of this kind would be unfortunate, to say the least, where, as may happen in America or Denmark, the father smokes cigars only, because in such a case no added risk of lung cancer appears to exist at all.

A major event in 1962 was the preparation of a Ten Year Plan for local health and welfare services. This arose from a request of the Minister of Health in his Circular 2/62. It was the intention that the Plan should complement the one the Minister had asked for from hospitals some months earlier. In September, 1962 the Health Committee adopted its Ten Year Plan under the Circular of the Minister of Health. The Plan represents the implementation, in so far as this can be foreseen over so long a period, of the County Council's approved proposals under the National Health Service Act, 1946, and under the Mental Health Act, 1959. These plans do not, of course commit the Council to any specific item, but represent the present views of the Health Committee on the developments that are likely to be needed during the ten years in question. It is intended that each year the

plans shall be revised, and also carried forward a further year, so that they will continue to provide in future years a forecast for a ten year period. It will be generally appreciated that the actual carrying out of any particular item in the plans will depend on the availability at the time of financial and other resources, and that the making of the necessary financial provision each year will be subject to the established procedure in relation to estimates and to final approval by the County Council. It will be appreciated also that the annual revision of the plans will be valuable in adjusting the provision for the particular year to the various changes that may be expected to occur in relation to both the amount and kind of needs that require to be met. In particular, new needs that cannot now be foreseen can be provided for in the course of the annual revision of the plans.

The approved proposals of the County Council under the National Health Service Act, 1946, provide that such numbers of nurses shall be appointed as is required to carry out all the functions of the domiciliary nursing service. The plans for the ten year period incorporate such increases of nursing staff as are expected to be required by the growth of the population of the county. The latter is of course difficult to forecast with any high degree of accuracy, but here again the annual revision of the plans will be of great value in enabling the necessary adjustments to be made. The services ancillary to domiciliary nursing, such as the home help service and the provision of nursing equipment for domiciliary cases, have been increased similarly, but it will be appreciated that the actual provision of home helps, in particular, must depend entirely on the availability of sufficient women who are both suitable for the work and are willing to undertake it.

It is in the mental health service that the most rapid development is taking place at the present time, and capital provision under this head therefore represents the largest single item in the plans for the ten year period. This provision must necessarily be a gradual process, if only because of the limitations that exist, and are likely to continue, in relation to capital and revenue provision of all kinds, but, subject to that necessary limitation on the pace of development the plans will enable the Health Committee to carry out the general principle that is implicit in the proposals which it has already made under the Mental Health Act, 1959, namely, that the mentally handicapped child in particular shall have the same opportunities in regard to training, to make him as fit as possible to lead a full, active and useful life in accordance with his abilities, as his fellows of average intelligence. It will be specially observed that the plans incorporate a comprehensive development of workshops for the mentally handicapped which have been shown in recent years to have such highly beneficial effects in enabling the mentally handicapped to attain very much higher levels of productive work than were formerly thought possible, and by so doing to lead very much happier lives than otherwise would be the case.

The Government envisage the growth in current expenditure over the next four years in the National Health Service as a whole (including, for this purpose, the local health authority and welfare services) as running at a rate of about $2\frac{1}{2}$ per cent per annum in real terms. The growth of hospital current expenditure is being planned at 2 per cent per annum in order to enable local health and welfare services to expand rather faster. There will also be room for variations in the rate of growth between different local authority areas according to local needs.

The Ten Year Plan includes:

(1) New clinics for Windsor, Abingdon, Didcot, Woodley, Maidenhead, Wokingham, and one in West Berks at a place to be decided in accordance with greatest need.

(2) Eighty-four new houses for nurses.

(3) New ambulance stations at Windsor and in North Berks.

(4) Mental health training centres at Abingdon, replacement centres at Bracknell and Newbury, and a residential training centre in West Berks.

(5) Hostels for persons suffering from mental disorder at Wokingham, Bracknell, in North Berks, in the Reading/Wallingford area and near Bracknell.

(6) A system of workshops for adults with workshops at Windsor, Bracknell, Abingdon, Maidenhead, and Newbury.

Most of the services involved in the Ten Year Plan are of course familiar, and their future development should give rise to no difficulty. For example, the nursing service already satisfies standards in relation to population that are regarded as the optimum for England and Wales as a whole in ten years time. This is a considerable achievement, and there is no doubt that recruitment will be equally successful in future years. For some other services, for example hostels for the mentally disordered, however, there must necessarily be something of an experimental approach, so that future policy may rest on solid foundations which we do not possess at present.

The Committee will understand with what a full heart I make my last acknowledgements to them, individually as well as collectively. I have been fortunate indeed in having enjoyed such sympathy and understanding, and such interest at all times. I shall remain ever grateful for these things.

To my staff also I find it impossible to express adequately my gratitude for all that they have done so constantly and so cheerfully over these many years. They have risen to every challenge, including many that were formidable indeed, since I have known them, and I have no doubt that this will continue in the future.

E. C. H. HUDDY,
County Medical Officer.

August, 1963

ADMINISTRATIVE COUNTY OF BERKSHIRE

AREA AND POPULATION

The area of the administrative county of Berkshire is 454,725 acres. In 1962 the estimated civilian population was 405,900 persons, an increase of 13,450 compared with the previous year.

TABLE I

			Area in		Population		
			Statute Acres (Land and Inland Water)		Census, 1951	Registrar-General's Estimate	
						1961	1962
URBAN DISTRICTS							
1	Abingdon Borough	..	1,713		10,176	14,650	14,940
2	Maidenhead Borough	..	5,007		27,145	35,300	35,850
3	Newbury Borough	..	2,612		17,783	20,390	20,700
4	New Windsor Borough	..	4,616		23,299	27,700	28,350
5	Wallingford Borough	..	760		3,514	4,730	5,100
6	Wantage ..	..	2,797		5,090	6,160	6,350
7	Wokingham Borough	..	3,386		8,729	11,470	12,260
Total			20,891		95,736	120,400	123,550
RURAL DISTRICTS							
1	Abingdon ..	..	41,225		23,459	31,700	32,510
2	Bradfield ..	..	53,008		18,899	28,560	30,180
3	Cookham ..	..	24,920		13,919	16,910	17,110
4	Easthampstead ..	..	27,034		23,408	45,170	47,500
5	Faringdon ..	..	55,726		12,865	14,200	14,420
6	Hungerford ..	..	44,817		9,417	10,120	10,270
7	Newbury ..	..	41,660		14,156	21,160	21,650
8	Wallingford ..	..	21,772		15,598	19,470	19,770
9	Wantage ..	..	74,179		14,589	16,810	17,050
10	Windsor ..	..	8,665		10,902	15,620	15,940
11	Wokingham ..	..	40,828		35,997	52,330	55,950
Total			433,834		193,209	272,050	282,350
Administrative County ..			454,725		288,945	392,450	405,900

BIRTHS AND BIRTH RATES

LIVE BIRTHS

The number of live births, and the birth rates per 1,000 population for 1962 and the five previous years, were:—

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Number of live births, Berks ..	6,335	6,767	7,060	7,608	7,893	8,330
Birth rate per 1,000 population, Berks	18.29	19.02	19.29	20.18	20.11	20.52

The birth rate for England and Wales was 17.6 in 1961 and 18.0 in 1962.

STILL-BIRTHS

The numbers of still-births and the proportion of still-births per 1,000 total births (together with the latter proportion for England and Wales) for 1962 and the five previous years were:—

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Number of still-births, Berks ..	112	91	118	119	140	102
Proportion of still-births per 1,000 total births, Berks	17.4	13.3	16.4	15.4	17.4	12.1
Proportion of still-births per 1,000 total births, <i>England and Wales</i>	22.5	21.6	21.0	19.8	19.1	18.1

The numbers of *illegitimate births* were 364 (including 8 still-births) in 1961, and 423 (including 8 still-births) in 1962. For the two years, the proportion of births that were illegitimate was 4.85 per cent.

TABLE II
LIVE BIRTHS

					Number of live births	
					1961	1962
URBAN DISTRICTS						
1	Abingdon Borough	..	..	..	265	279
2	Maidenhead Borough	..	..	..	694	689
3	Newbury Borough	..	..	..	362	421
4	New Windsor Borough	..	..	..	595	559
5	Wallingford Borough	..	..	..	84	118
6	Wantage	..	..	..	116	131
7	Wokingham Borough	..	..	..	184	231
RURAL DISTRICTS						
1	Abingdon	..	..	..	685	691
2	Bradfield	..	..	..	604	666
3	Cookham	..	..	..	344	323
4	Easthampstead	..	..	..	1,056	1,071
5	Faringdon	..	..	..	293	341
6	Hungerford	..	..	..	161	155
7	Newbury	..	..	..	411	412
8	Wallingford	..	..	..	349	403
9	Wantage	..	..	..	338	369
10	Windsor..	..	..	..	249	279
11	Wokingham	..	..	..	1,103	1,192
Urban Districts					2,300	2,428
Rural Districts..					5,593	5,902
County ..					7,893	8,330

DEATHS

The total number of deaths, the numbers due to the main causes, and the crude death rates during 1961 and 1962 and the four previous years were as follows:—

Cause					Number of deaths					
					1957	1958	1959	1960	1961	1962
All causes	..	..	..	..	3,450	3,642	3,670	3,642	3,902	3,995
Heart disease	..	..	..	..	1,032	1,134	1,133	1,135	1,224	1,291
Cancer	..	..	..	..	597	611	658	653	710	654
Cancer of lung and bronchus	..			..	124	121	156	146	159	160
Vascular lesions of nervous system					542	602	526	562	553	621
Bronchitis and pneumonia	..			..	317	355	349	312	375	430
Influenza	..	..	..	..	56	27	78	5	33	29
Crude death rate per 1,000 population										
	..	..	..	..	9.95	10.24	10.02	9.65	9.94	9.84

TABLE III

DEATHS

					Number of deaths	
					1961	1962
URBAN DISTRICTS						
1	Abingdon Borough	..	..	..	120	147
2	Maidenhead Borough	..	..	..	452	452
3	Newbury Borough	..	..	..	278	281
4	New Windsor Borough	..	..	..	279	243
5	Wallingford Borough	..	..	..	87	85
6	Wantage	..	..	..	74	65
7	Wokingham Borough	..	..	..	181	203
RURAL DISTRICTS						
1	Abingdon	..	..	..	239	262
2	Bradfield	..	..	..	222	236
3	Cookham	..	..	..	145	146
4	Easthampstead	..	..	..	348	330
5	Faringdon	..	..	..	117	124
6	Hungerford	..	..	..	119	137
7	Newbury	..	..	..	188	202
8	Wallingford	..	..	..	243	228
9	Wantage	..	..	..	144	135
10	Windsor..	..	..	..	172	212
11	Wokingham	..	..	..	494	507
	Urban Districts	..	..	..	1,471	1,476
	Rural Districts..	..	..	..	2,431	2,519
	County ..	..	..	..	3,902	3,995

INFANT MORTALITY

<i>Berkshire</i>	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Deaths of infants under one year	106	113	126	130	152	174
Infant mortality rate (deaths of infants under one year per 1,000 live births in the same period)	16·7	16·7	17·8	17·1	19·3	20·9
<i>Infant mortality rate, England and Wales</i>	23·1	22·6	22·2	21·9	21·6	21·8

The infant mortality rate for the six year period 1957 to 1962 is 18·21. The annual variations during these years are not statistically significant and are within the range of variation that can be expected to occur by chance. The rate for England and Wales for the same six year period was 22·1.

The *neo-natal mortality rate* (deaths of infants under one month of age, per thousand live births) for Berkshire was 14·57 in 1961-62.

The number of infants dying under one week of age was 96 in 1961 and 110 in 1962. The *perinatal mortality rate* (still-births and deaths under one week combined, per thousand total births) for the two-year period is thus 27·2.

These statistics are considered more fully in the Introduction to this Report.

TABLE IV
INFANT MORTALITY
(per 1,000 live births)

				Infant Mortality, 1953-62	Number of deaths	
					1961	1962
URBAN DISTRICTS						
1	Abingdon Borough	..	..	14·3	6	3
2	Maidenhead Borough	..	..	18·8	10	15
3	Newbury Borough	..	..	22·7	6	5
4	New Windsor Borough	..	..	23·3	17	13
5	Wallingford Borough	..	..	17·9	—	4
6	Wantage	..	..	22·2	—	4
7	Wokingham Borough	..	..	16·8	1	4
RURAL DISTRICTS						
1	Abingdon	..	..	17·4	13	13
2	Bradfield	..	..	18·6	6	17
3	Cookham	..	..	16·9	7	7
4	Eas'hampstead	..	..	17·6	23	19
5	Faringdon	..	..	20·1	6	4
6	Hungerford	..	..	25·4	6	7
7	Newbury	..	..	17·4	6	9
8	Wallingford	..	..	25·5	8	18
9	Wantage	..	..	17·8	5	3
10	Windsor	..	..	17·6	5	5
11	Wokingham	..	..	18·6	27	24
Urban Districts				19·9	40	48
Rural Districts				18·8	112	126
County				19·1	152	174

MATERNAL MORTALITY

The numbers of maternal deaths in the County in the year 1962 and the five previous years were respectively:—

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Numbers of deaths	4	1	1	2	3	2

The rate of maternal mortality for the years 1961-62 is 0·306 per thousand total births.

PREVALANCE AND CONTROL OF INFECTIOUS DISEASE

DIPHTHERIA

The number of cases of, and deaths from, diphtheria for the eleven years up to and including 1962 are shown in the following table:—

<i>Year:</i>	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Number of cases ..	—	6	1	—	—	—	—	—	—	—	—
Number of deaths ..	—	—	—	—	—	—	—	—	—	—	—

The numbers of primary immunisations and of reinforcement doses during the year 1962 and the four previous years were:—

	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Primary immunisations by medical practitioners	3,153	3,676	3,638	4,819	4,347
Primary immunisations at clinics ..	1,669	1,776	1,738	1,945	1,954
Reinforcement doses by medical practitioners	794	623	1,657	3,413	1,810
Reinforcement doses at clinics ..	856	935	739	905	1,051

SCARLET FEVER

There were 180 notified cases in 1961 and 168 in 1962. The numbers for 1959 and 1960 were 669 and 329 respectively.

TYPHOID FEVER

One case was notified during the year 1962. No cases were notified during 1961.

WHOOPING COUGH

The numbers of cases notified in 1961 and 1962 were 324 and 44 respectively. There were no deaths from this disease during the years 1961-62.

The Council's scheme for the distribution of special vaccine for immunisation against whooping cough began in 1953, and the numbers of infants immunised in 1961 and 1962 were 5,818 and 5,382 respectively.

VACCINATION AGAINST SMALLPOX

The numbers of primary vaccinations were 5,685 and 22,801 in 1961 and 1962 respectively (compared with 4,894 and 4,766 in 1959 and 1960) and the numbers of re-vaccinations were 876 and 29,038.

The very large number of vaccinations in 1962 were the result of the importation of smallpox on a scale that threatened to be at first of very serious proportions, but which was eventually brought under control by the application of the established public health measures, by the notification of cases and the surveillance of contacts. The control of this disease is rendered easier than might otherwise be the case by the fact that the typical patient with smallpox (where it is little modified by previous and relatively recent vaccination) is struck down so suddenly and so grievously that he or she is necessarily confined at once to bed and to his immediate associates in the household, and the disease does not usually become infectious until the typical rash appears on the third day of the illness. The case most likely to spread the disease, although less likely to do so than the severe case if the latter could be mobile in the community, is the person who has been vaccinated some years previously, so that protection is not complete but the disease is modified and greatly reduced by the residual effect of such vaccination. Here the onset and the incapacity may not be severe enough to enforce immobility by confinement to bed and the rash may be small and confined to a few lesions only. With such a small rash these persons often fail, fortunately, to infect others, but the risk of infection exists while such cases are mobile in the community and have a rash that has not been recognised for what it is.

In the first quarter of 1962, the number of smallpox cases notified in England and Wales was 43, and there were 11 deaths from the disease. A further 20 cases were notified (with 12 deaths) in the second quarter of the year, and 3 in the third quarter, with no deaths. No cases occurred in the fourth quarter of 1962.

POLIOMYELITIS

No cases were notified in either 1961 or 1962.

The vigorous carrying out in Berkshire of immunisation against this disease has been described in previous Reports back to and including that for 1956, when polio vaccine was first brought into general use. The national results of this immunisation can be seen from the following figures showing the numbers of notified cases of paralytic poliomyelitis in England and Wales since 1953:—

<i>Year</i>	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Number of cases	2,976	1,319	3,712	1,717	3,177	1,419	739	257	707	212

The numbers of paralytic cases in Berkshire in 1959 and 1960 were 3 and 2 respectively. Immunisation against this disease continued to be carried on with vigour during 1961 and 1962. The new Sabine oral vaccine was introduced in February of the latter year. The numbers of immunisations carried out were:—

<i>Year 1961:</i>	primary immunisation completed by 3rd injections of Salk vaccine	.. .. .	26,161
	booster (4th) injections of Salk vaccine	.. ..	28,327

<i>Year 1962:</i>	primary immunisations completed by 3rd injections of						
	Salk vaccine	..	..	..	..	..	12,645
	ditto, by 3rd dose of oral vaccine, following two						
	previous injections of Salk vaccine	..	..	..			5,904
	ditto, by 3 doses of oral vaccine..	..	..	..			2,877
	booster (4th) injections of Salk vaccine				..	..	1,015
	ditto, oral vaccine..	..	..	..	..	..	7,000

VENEREAL DISEASES

The following figures show the numbers of cases dealt with during 1961 and 1962 at the various clinics serving the area of the County, the figures for the year 1960 being shown in brackets:—

	Royal Berkshire Hospital, Reading.		Radcliffe Infirmary, Oxford.		King Edward VII Hospital, Wind-or.	
	<u>1961</u>	<u>1962</u>	<u>1961</u>	<u>1962</u>	<u>1961</u>	<u>1962</u>
<i>Number of cases seen for the first time</i> ..	116	121 (100)	70	65 (61)	115	109 (117)
of which—						
Cases of syphilis ..	8	3 (2)	2	— (1)	5	5 (5)
Cases of gonorrhoea	21	24 (30)	12	16 (12)	10	9 (19)
Non-venereal cases	87	94 (68)	56	49 (48)	100	95 (93)

LABORATORY SERVICES

The Public Health Laboratory Service continued throughout the year to give assistance to Medical Officers of Health in the investigation of cases of infectious disease.

TUBERCULOSIS

(and see also Care and After-Care, p. 19)

The numbers of primary notifications received during 1962 are shown in the following table, together with the corresponding figures for the previous ten years:—

TABLE V
TUBERCULOSIS

ANNUAL NUMBER OF NOTIFICATIONS RECEIVED SINCE 1952

Year	Pulmonary	Non-Pulmonary	Total
1952	193	30	223
1953	236	33	269
1954	214	25	239
1955	221	40	261
1956	202	33	235
1957	185	28	213
1958	182	21	203
1959	155	22	177
1960	133	13	146
1961	121	24	145
1962	111	24	135

The numbers of deaths from *pulmonary* tuberculosis during 1961 and 1962 were 14 and 17 respectively (compared with 20 in 1959 and 18 in 1960). The death rate for 1956-60 is shown in the following table, together with that for certain previous five-year periods. That for Berkshire for 1961-62 was 3.9.

In 1961, for the first time, no death from *non-pulmonary* tuberculosis was recorded, and this was so also in 1962.

Notifications of tuberculosis continue to fall, in spite of the continued operation of mass radiography units, and of a tendency to notify cases of primary tuberculosis in children, which were much less frequently notified a few years ago.

The most sensitive index of tuberculous infection is provided by the notifications of tuberculosis of the nervous system, a disease which is notified under a separate heading, and the cases of which are probably all ascertained. These notifications for England and Wales in the years 1959-1962 were, respectively, 244, 199, 182 and 164; and for Berkshire: 1, 3, 1 and 1. The national figure for 1954, when tuberculosis first became notifiable, was 692. The fall in these very serious cases (all fatal, before the advent of the chemotherapeutic drugs) is gratifying, but it is clear that tuberculosis is not even now a spent force.

The chest clinics continued throughout 1961 and 1962 to follow up the contacts of all ascertained cases of tuberculosis, and the well established methods to control the disease in this way were fully maintained. Immunisation against tuberculosis by means of B.C.G. vaccine is considered later in this Report.

TABLE VI

CRUDE DEATH RATE FROM TUBERCULOSIS PER 100,000
POPULATION, BERKSHIRE

PULMONARY TUBERCULOSIS		NON-PULMONARY TUBERCULOSIS	
Quinquennium, 1906-10 ..	87	Quinquennium, 1906-10 ..	24
Quinquennium, 1941-45 ..	36	Quinquennium, 1941-45 ..	11
Quinquennium, 1946-1950 ..	28·7	Quinquennium, 1946-1950 ..	3·9
Quinquennium, 1951-55 ..	13·2	Quinquennium, 1951-55 ..	1·6
Quinquennium, 1956-60 ...	6·4	Quinquennium, 1956-60 ..	0·6
Two years, 1961 and 1962 ..	3·9	Two years, 1961 and 1962 ..	—

CARE OF MOTHERS AND YOUNG CHILDREN

INFANT WELFARE CENTRES

At the end of 1962 there were 91 Centres, two additional ones having been opened since 1960.

The numbers of children attending during the four years 1959 to 1962 were:

Year	Number attending for the first time, aged under one at first attendance	Total attendances
1959	4,812	77,873
1960	5,480	84,764
1961	5,679	92,573
1962	6,189	95,298

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

(a) The main institutional accommodation continues to be provided at the County Council's own Hostel at Burnell House, Windsor, where up to 19 mothers with their infants are taken. The general policy regarding the admission of cases to this Hostel was described in the report for 1951. During 1961, the number of County cases admitted was 78, and 25 cases were taken from other counties. The corresponding figures for 1962 are 101 and 22 respectively. Cases are admitted to Voluntary Homes when admission to Burnell

House is impossible, or inadvisable on account of special circumstances, and in these cases the Council contributes 75 per cent of the ascertained cost, less any contribution by the mother; 12 cases were admitted to such Homes during 1961 and 10 in 1962. The total numbers of County cases admitted to Homes or Hostels in the ten years 1953 to 1962 were respectively 71, 69, 55, 63, 65, 58, 57, 68, 90 and 111.

(b) Field work is carried out by the Workers of the Oxford Diocesan Moral Welfare Association, to which the Council again made a grant. All cases coming to the attention of the Health Department are referred to the Workers of the Association in the first instance. Admissions to Burnell House are made after consideration of the detailed reports of the Moral Welfare Workers, and special efforts are made to keep the Workers in touch with their cases in the Hostel so as to ensure that the situation of the girl and her infant may be as satisfactory as possible when she comes to be discharged from the Hostel. The maximum period of residence is a year, but most cases are found to be ready for discharge sooner than that, and, if the Worker has been able to make satisfactory arrangements outside, earlier discharge has the advantage that the number of admissions, and the value of the work of the Hostel, are increased.

(c) Special care is provided for all those illegitimate infants who live in ordinary households, and the Health Visitors are required to keep each case under special and close supervision, and to send in reports on each. Every effort is made to enlist the help of such social agencies as may be appropriate to the individual case.

DENTAL CARE

Mr. O. Jacob, Principal School Dental Officer, reports as follows:—

“The number of mothers treated in 1962 shows little change from 1961, but throughout the country as a whole fewer mothers are receiving treatment through the Local Authorities’ Schemes, as they now obtain it free under the General Dental Service. The number of pre-school children is very slightly up. As our staffing position is a little easier, particularly in Bracknell, there may be a tendency for these numbers to increase. Parents still find it difficult to get appointments with private practitioners for very young children, and it is gratifying to find that many of our under school age children, when old enough to attend school, still keep on with the School Dental Clinic”.

The numbers actually provided with dental care are shown in the following tables:—

1961

(a) *Numbers provided with Dental Care:—*

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	9	9	12	4
Children under five ..	225	101	70	53

(b) *Forms of Dental Treatment provided:—*

	Extrac- tions	Anaesthetics		Fillings	Scalings	Dressings	Radiographs	Dentures provided	
		Local	General					Complete	Partial
Expectant and nursing mothers	5	—	3	7	2	—	1	—	—
Children under five	80	10	42	37	—	28	—	—	—

1962(a) *Numbers provided with Dental Care:—*

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	7	7	6	3
Children under five ..	291	157	76	52

(b) *Forms of Dental Treatment provided:—*

	Extrac- tions	Anaesthetics		Fillings	Scalings	Dressings	Radiographs	Dentures provided	
		Local	General					Complete	Partial
Expectant and nursing mothers	1	—	1	10	30	—	2	2	2
Children under five	44	6	30	58	—	20	—	—	—

WELFARE FOODS

The issues of Welfare Foods during 1961 and 1962 were as follows:—

Year			National Dried Milk (tins)	Cod Liver Oil (bottles)	Orange Juice (bottles)	Vitamin Tablets (packets)
1961	..	..	80,348	18,351	157,033	18,613
1962	..	..	70,649	7,896	102,704	12,524

BRACKNELL CLINIC

This Clinic was officially opened by Lady Mowbray on 8th December, 1961. The site combines a central situation with seclusion. The Clinic accommodates one of Bracknell's three infant welfare centres, a dental clinic, a school clinic, a speech therapy clinic, a family planning clinic, and provides also for group activities for mothers.

MIDWIFERY, HOME NURSING AND HEALTH VISITING

MIDWIFERY

The County Council was Local Supervising Authority for the whole County under the Midwives Acts before the coming into operation of the National Health Service Act, 1946, and continued to be so as Local Health Authority under the latter Act.

At the end of 1962, 155 midwives were practising in the county. Of these, 102 were engaged in domiciliary midwifery practice and 53 were employed in either general hospitals or nursing homes.

The following table shows the numbers of cases attended by midwives in the area of the Local Supervising Authority:—

1961

	Domiciliary Cases		Cases in Institutions	Total
	Doctor not booked	Doctor booked		
(1) Midwives employed by the Authority	10	2,600	—	2,610
(2) Midwives employed by Voluntary Organisations—				
(a) Under arrangements with the Local Health Authority in pursu- ance of Section 23 of the National Health Service Act	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	2,904	2,904
(4) Midwives in Private Practice (in- cluding Midwives employed in Nursing Homes)	—	—	75	75
TOTALS	10	2,600	2,979	5,589

1962

	Domiciliary Cases		Cases in Institutions	Total
	Doctor not booked	Doctor booked		
(1) Midwives employed by the Authority	17	2,639	—	2,656
(2) Midwives employed by Voluntary Organisations—				
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	3,143	3,143
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	71	71
TOTALS	17	2,639	3,214	5,870

The proportion of babies born at home remains at about one in three. Recruitment of midwives continues to be satisfactory. In spite of the increase of work that has resulted from the marked rise of the birth rate in the past six years and from the great increase in population in the county, all requirements have been met.

During 1961 midwives and health visitors continued to attend University College Hospital, London, for instruction in relaxation teaching for expectant mothers. All midwives and health visitors have now attended these classes. Group instruction for mothers in relaxation and mothercraft is now offered to all expectant mothers in the county. By December, 1962, 40 centres had been organised. In the rural areas arrangements are made for three districts to share one centre. During 1962, 1,259 expectant mothers attended these classes, and total attendances were 6,641.

ANTE-NATAL EXAMINATIONS

Although ante-natal and post-natal examinations by a medical practitioner are provided under the new Act for all maternity patients every effort is made to impress upon midwives the need for them to continue to provide their own complete ante-natal care for their cases. During 1961 and 1962, the numbers of ante-natal visits made by domiciliary midwives were 34,018 and 36,675 respectively.

ANTE-NATAL CLINICS

The Council continued its Clinics at Faringdon and Windsor. During 1961 and 1962 the numbers of patients attending were 182 and 205 respectively and total attendances were 426 and 467.

ANALGESIA IN MIDWIFERY CASES

In July, 1947, 13 of the 73 district midwives in the County were qualified in gas-air analgesia and 10 apparatuses were in use. At 31st December, 1962, the number of midwives qualified in this way was 102, and the number of apparatuses available was 116.

The numbers of domiciliary maternity cases given gas-air analgesia by midwives were 2,418 in 1961 and 2,440 in 1962.

In 1951, the Ministry of Health made special provision for the use by midwives of the drug *pethidine* as an analgesic, additional to the well-established use of nitrous oxide and air. The number of cases in which midwives used pethidine during 1961 was 1,519 and 1,544 in 1962.

MATERNITY HOSPITALS

Arrangements were continued for Medical Officers of Health of Local Health Authorities to investigate the domiciliary circumstances of maternity patients applying for hospital confinement (excluding those requiring such confinement on purely obstetric grounds), in order that the available beds should be used only for cases in which the home circumstances render confinement in the home genuinely impossible. The numbers of applications dealt with during the two years were 1,530 and 1,481 respectively.

PUERPERAL PYREXIA

There were 29 cases notified in 1961 and 15 in 1962. No death occurred. All the cases were investigated in detail and reported upon by the Superintendent Nursing Staff who also gave suitable advice on preventive measures.

OPHTHALMIA NEONATORUM

There were no cases during 1961, but 2 cases were notified in 1962. In neither case was there impairment of vision as a result of the infection, and both cases underwent satisfactory resolution.

STERILIZED MATERNITY OUTFITS

Under the National Health Service Act, 1946, these are issued free to all domiciliary maternity patients, and the total number of outfits supplied in 1961 was 3,008, and in 1962, 3,155.

HOME NURSING

During 1961 the nurses carried out 199,997 domiciliary nursing visits to cases of illness, and 217,931 in 1962. The great increase in this work can be appreciated from the fact that the number of these visits in 1949, the first complete year of the National Health Service, was 148,003.

HEALTH VISITING

Health Visiting is carried out by full-time Health Visitors in the more urban areas, and in the more rural parts of the County is combined with midwifery and home nursing. It is the policy of the Council that all such nurses doing this work should hold the Health Visitor's Certificate, and at the end of 1962, of the 98 nurses concerned, 89 had the Certificate, a deficiency of 9 with

respect to the certificate; this deficiency was 12 at the end of 1960, out of 78 nurses doing health visiting. Special efforts continue to be made to appoint to vacancies nurses holding the Health Visitor's Certificate, and to send away on the course for this certificate as many as can be spared of the nurses doing health visiting who do not at present hold the certificate.

The number of visits paid by Health Visitors were as follows:—

	<u>1961</u>	<u>1962</u>
Visits to children under one year	56,688	59,862
„ „ „ between one and five years	70,892	76,450

During the year 1949 the corresponding figures were 32,216 and 36,040 respectively.

The Council continued to provide training scholarships for Health Visitors; 12 candidates were accepted in 1961 and 10 in 1962.

SPECIAL CARE OF PREMATURE INFANTS

The criterion of prematurity is “an infant weighing $5\frac{1}{2}$ pounds or less at birth”, and all such births are specially notified to the County Medical Officer by the midwife. Midwives are required to give special care to all such infants, and to obtain the assistance of the Superintendent or of her Assistants. In the Health Department there are provided special cots for the nursing of such infants in their own homes, and also special baskets that can be heated for transport of the infant to hospital when this is necessary; 493 live premature infants were born during 1961 and 554 during 1962 to women normally resident in the County. Statistics relating to these births are given in the following table:—

	<u>1961</u>	<u>1962</u>
(1) Number born at home	81	82
(a) Number born at home and nursed entirely at home	70	66
(b) Number of those born at home and nursed entirely at home:		
(i) who died during the first 24 hours	6	1
(ii) who survived at the end of one month	63	64
(c) Number of those born at home and removed to Hospital	11	16
(d) Number of those born at home and removed to Hospital:		
(i) who died during the first 24 hours	1	6
(ii) who survived at the end of one month	7	4
(2) Number born in Hospital	410	470
(a) Number of those born in Hospital:		
(i) who died during the first 24 hours	43	52
(ii) who survived at the end of one month	341	403
(3) Number born in Nursing Homes	2	2
(a) Number of those born in Nursing Homes:		
(i) who died during the first 24 hours	1	—
(ii) who survived at the end of one month	1	2

NOTIFICATION OF BIRTHS

The number of births notified under Section 203 of the Public Health Act, 1936, was 8,039 (including 143 stillbirths) in 1961, and 8,398 (including 104 stillbirths) in 1962.

Births are notifiable, under the Public Health Act, 1936, by the father of the child **and** any person in attendance during the confinement or within six hours after the birth. It follows that the midwife should always notify a birth at which she is in attendance, and if this procedure is followed the vast majority of births are notified. Births are also checked by exchange of information with the Registrar of Births and Deaths, who independently receives particulars of each birth, since each birth must be registered as well as notified. It is on the basis of the information received through notification of births (checked by registration) that the work of the Health Visitor is brought into operation. The home visiting of infants and young children by Health Visitors remains the foundation of the child welfare work of local health authorities.

NURSING HOMES

At December 31st, 1962, there were 10 registered Nursing Homes in the County. Of these, 5 undertook general medical and surgical work, and the remainder provided for the nursing of either convalescent or senile patients.

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during 1961 and 1962	—	—	—	—
Homes on Register at end of 1962	10	6	241	247

AMBULANCE SERVICE

The end of 1962 saw the completion of the fourteenth full year for the County Ambulance Service. The following tables show the patients and mileage for the years 1961 and 1962.

Mileage and types of case dealt with for each Ambulance Station during 1961

Station	TYPE OF CASE						Total Mileage
	Patients	Acci- dents	Mater- nity	Illness (urgent)	Illness (not urgent)	Other	
Abingdon (Isol. Hosp.)	119	—	—	72	47	—	948
Ascot ..	360	79	42	126	113	6	5,502
Bracknell ..	8,342	740	356	895	6,351	528	103,203
Didcot ..	19,076	604	336	1,210	17,278	488	169,213
Faringdon ..	5,394	119	84	42	5,149	102	51,299
Hungerford	227	43	23	39	122	15	3,939
Lambourn ..	165	28	24	39	74	10	5,318
Maidenhead	8,020	533	301	1,038	6,148	210	53,434
Maidenhead (Isol. Hosp.)	144	—	1	7	136	2	1,290
Newbury ..	11,775	407	244	771	10,353	6	101,418
Wallingford	82	7	17	29	29	3	2,317
Wantage ..	6,535	117	68	134	6,216	70	61,390
Windsor ..	9,037	308	355	594	7,816	228	56,460
Wokingham	1,626	186	195	278	967	6	24,317
Totals ..	70,938	3,171	2,046	5,274	60,799	1,674	640,048

Mileage and types of case dealt with for each Ambulance Station during 1962

Station	TYPE OF CASE						Total Mileage
	Patients	Acci- dents	Mater- nity	Illness (urgent)	Illness (not urgent)	Other	
Abingdon (Isol. Hosp.)	108	—	1	64	43	—	769
Ascot ..	353	50	41	141	121	3	6,389
Bracknell ..	9,114	740	258	810	7,306	564	96,292
Didcot ..	21,405	640	384	1,287	19,094	641	189,147
Faringdon ..	4,402	101	79	22	4,200	15	43,928
Hungerford	501	44	19	40	398	6	4,565
Lambourn ..	176	45	22	59	50	17	6,324
Maidenhead	6,617	533	959	959	4,870	268	50,135
Maidenhead (Isol. Hosp.)	249	—	—	3	246	1	2,169
Newbury ..	11,536	448	270	672	10,146	16	114,800
Wallingford	71	11	9	10	41	2	1,769
Wantage ..	5,086	113	56	113	4,804	279	46,555
Windsor ..	7,715	294	347	633	6,441	327	48,508
Wokingham	1,784	243	224	305	1,012	13	25,041
Totals ..	69,117	3,262	1,965	5,118	58,772	2,152	636,391

HOSPITAL CAR SERVICE

The Hospital Car Service continued to deal with a large proportion of the sitting cases, and the following figures show the work done during the years 1959-1962:—

<i>Year</i>		<i>Number of Journeys</i>	<i>Number of Patients</i>	<i>Mileage</i>
1959	.. ..	17,306	26,334	556,518
1960	.. ..	19,121	28,977	621,854
1961	.. ..	20,220	30,378	655,019
1962	.. ..	21,113	33,094	690,886

In the autumn of 1962 radio control was provided in East Berks, so that the whole county is now covered in this way. The new system in East Berks is controlled by a single Control Centre, which is located at the new Bracknell ambulance station, and all ambulance calls from the eastern half of the county, including those for the Hospital Car Service, are handled by the Control Centre.

New ambulance station buildings, replacing less satisfactory premises formerly in use, were opened at Newbury in February, 1961, and at Bracknell and Wantage in November, 1961.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Under Section 28 of the National Health Service Act, 1946, a Local Health Authority "may with the approval of the Minister, and to such extent as the Minister may direct, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." Under Ministry of Health Circular 118/47 of 10th July, 1947, the Minister confined his direction under this Section of the Act to the prevention of tuberculosis and the care and after-care of persons suffering from tuberculosis. The County Council provides Health Visitors for the special visiting of domiciliary cases of tuberculosis and such Health Visitors are required to "concern themselves with all matters relating to the welfare of such patients and their families" and "particularly with all measures which can be taken to prevent tuberculosis in the family of the patient". It is also provided that tuberculosis patients shall be supplied, where necessary, with beds, bedding and nursing requisites, and the supply of outdoor shelters is continued, as well as facilities for the supply of extra nourishment.

Almoners, three in number, including one who is whole-time, are provided for cases of tuberculosis. Occupational therapy is also provided for these patients.

B.C.G. VACCINATION

The Council's scheme for the immunisation of school-leavers by means of B.C.G. vaccine was brought into operation in March, 1956. B.C.G. vaccine is offered to school children at about their thirteenth birthday, and about 80 per cent of parents accept. In 1961, 4,509 children were tuberculin tested, and 4,342 in 1962, and 12.45 per cent were found to be tuberculin positive. The remaining tuberculin negative children were given B.C.G. vaccine. All the children given the vaccine receive a follow-up tuberculin test, and over 96 per cent of those vaccinated have shown the required conversion to the tuberculin positive state. The small number who are still tuberculin negative after receiving the vaccine are re-vaccinated.

PROVISION OF NURSING EQUIPMENT

Arrangements are made by the Council for the supply of the simpler items of nursing equipment for domiciliary cases through the nursing depots of the British Red Cross Society and the St. John Ambulance Brigade, each article being issued through the Home Nurse.

During the last two years the Health Department has had to enlarge considerably its stock of the larger and more specialised nursing equipment. Thus, a considerable number of cases are now provided with special types of bed and with wheel chairs of various types. The greatest increase, however, is that of hoists. These have become invaluable, indeed indispensable, for persons suffering from diseases causing very great incapacity, in particular multiple sclerosis and muscular dystrophy. These hoists are of course expensive, but the needs of these cases could hardly be greater or more deserving of sympathy of the practical kind.

AFTER-CARE OF PERSONS DISCHARGED FROM HOSPITAL

The proposals of the Council under the National Health Service Act provide that any necessary care shall be provided for "persons discharged from hospital or other invalids". In recent years there has been a steady development in arrangements for this purpose. During the last two years these arrangements have increased considerably. There is increasingly close contact between the almoners of the hospitals and the health visitors, and it is now true to say, I think, that the health visitor is called in whenever the needs of the case so require, and where this is the desire of the patient and of the family doctor.

ADMISSION TO HOSPITAL OF THE INFIRM AGED AND CHRONIC SICK

Arrangements were continued for Medical Officers of Health of Local Health Authorities to investigate the circumstances of cases applying for hospital treatment in order that there might be some degree of selection of the relatively more urgent ones, and so that hospital beds should go to those most in need of them. The numbers of cases of this kind dealt with during the years 1961 and 1962 were respectively 194 and 156.

HOLIDAY HOME TREATMENT

The Health Committee provides holiday home treatment for those cases in which recovery from a serious illness or operation can be expected to be genuinely accelerated, and restoration of working capacity restored more quickly or more surely, by a stay in a suitable holiday home. During 1961 and 1962 the number of cases accepted was 22 and 19 respectively. Approximately two-thirds of the cases were referred by hospitals and the remainder by medical practitioners; the average length of stay is between two and three weeks.

HEALTH EDUCATION

This continued to be developed through the Council's Health Visitors, and the Council continued its support to the Central Council for Health Education.

During 1961 and 1962, as in the two previous years, the main effort in regard to health education has been concentrated on young mothers and on mothers to be. By the end of 1962, 16 Mothers' Clubs were in operation, and the "Home Making" courses for senior girls had been extended to all the

secondary modern schools. It is the aim of these courses to include a consideration of all the factors, both physical and mental, that can be regarded as contributing to the success of the young mother in making a home in the fullest sense of that word, and special emphasis is given to the principle that it is parental example that does most to create happy and successful homes, and that most ensures the passing on of the art of making happy homes to succeeding generations.

Health education relative to the association between cigarette smoking and lung cancer continued during 1961 and 1962 to be concentrated upon the need to discourage children from taking up smoking, and to this end the propaganda by means of the exhibition of posters was maintained in secondary schools. In addition to this, it was decided in December, 1962 to employ for a period of 21 days one of the mobile propaganda units that had been recently established by the Central Council for Health Education. The unit will, it is hoped, operate at each secondary school in the county, and it was expected that the visit of the unit would take place in October, 1963. Some special points that have arisen in connection with the question of cigarette smoking and its association with lung cancer are dealt with in the introduction to this Report.

DOMESTIC HELP SERVICE

Under the National Health Service Act, 1946, the Council may provide Domestic Helps "for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age within the meaning of the Education Act, 1944". The Council's scheme was started in July, 1946, two years before the new Act, and the scheme is essentially one that provides Domestic Helps on medical grounds.

The following figures show the number of cases since 1953:—

<i>Year</i>	<i>Number of cases accepted during year</i>			<i>Number of cases receiving assistance at end of year</i>
1953	573	481
1954	572	592
1955	527	617
1956	597	653
1957	588	716
1958	664	804
1959	737	893
1960	790	967
1961	834	1,084
1962	810	1,109

During the years 1961 and 1962 respectively, domestic help was provided for 1,745 and 1,860 cases, as follows:—

						1961	1962
Aged, infirm and cases of chronic illness	..	..	..	..	..	1,449	1,523
Maternity cases	..	..	..	..	..	135	152
Cases of tuberculosis	..	..	..	..	..	28	23
Others	..	..	..	..	..	133	162

CHIROPODY

In October, 1959 the Health Committee decided to make financial grants to three voluntary agencies providing chiropody services for old people, in Newbury and Maidenhead, and in the area of the county adjoining Reading. By the end of 1962 grants had been made to twenty-two voluntary agencies providing chiropody, compared with twelve at the end of 1960.

MENTAL HEALTH

In the last Report the provisions of the new Mental Health Act, and the Report of the Royal Commission that had preceded the Act, were considered in some detail. Future plans for mental health services over the next ten years are dealt with in the introduction to this Report, as part of the consideration of the Ten Year Plans that the Minister of Health asked Local Health Authorities to prepare under Circular 2/62.

During 1961 and 1962 considerable progress was made in the mental health services, particularly by the adoption by the Health Committee of a comprehensive plan for the provision of sheltered workshops.

At Bracknell, the Council's Training Centre continued to expand and the premises at Cooper's Hill, by means of a rearrangement of rooms, proved to be adequate for the increased number of children up to the end of 1962. Under the Ten Year Plan a new Training Centre, on a site that has been promised by the Bracknell Development Corporation, will be provided in the financial year 1964-65.

In April, 1961, the Health Committee took over full financial responsibility for the operation of the Training Centre at Newbury that had been provided up to that date by the Newbury Society for Mentally Handicapped Children. Since October, 1960, this Centre had been open for five days a week, with the assistance of a grant from the County Council, in premises in the centre of Newbury that are reasonably adequate for a limited period, until the Council is successful in obtaining a suitable site for a new Centre.

In October, 1961, a good site was approved in Abingdon for the new Training Centre that will be built in 1963-64. Until this Centre is available, arrangements will continue for as many cases as possible who can conveniently do so to attend the Training Centres at Oxford and at Borocourt Hospital. Patients also continued to attend at the Training Centre at Reading.

Recreational and social centres for mentally handicapped young persons are provided in Maidenhead and Windsor by voluntary bodies, and the County Council continued its financial assistance to these two centres during 1961 and 1962.

During the two years dealt with in this Report the Health Committee considered for the first time the question of hostels for persons suffering from mental disorder. A site was obtained in Wokingham, from the Education Committee, for a hostel for mentally disturbed girls, and the appointment of a private architect for this project was approved by the County Council. The purpose of this hostel will be to provide the continuation of care for girls who require such care following their discharge at the age of fifteen from the Education Committee's Field House Hostel for maladjusted girls, these being generally cases where the home conditions are unfavourable. The achievement of a good final result in these cases should be appreciably improved by this provision.

In December 1962 the Committee obtained a site for a hostel for mentally subnormal young men at Easthampstead. This site was made available by the North West Metropolitan Regional Hospital Board, and the hostel will accommodate about thirty young men who are now at Church Hill House Hospital and who have shown themselves able, or are likely to be able, to undertake paid employment in the community. It is hoped that this hostel will be completed in the financial year 1963-64.

The other services provided under the Mental Health Act, 1959, were considered more fully in the last Report. The statistics are now presented in the relevant tables at the end of this Report.

HEALTH CENTRES

The Health Centre in Faringdon provides consulting room accommodation for three medical practitioners, as well as accommodation for the County Council's own clinics and certain hospital clinics, including a Chest Clinic. During 1961 and 1962 the Centre continued to provide an extremely useful range of combined services for the district.

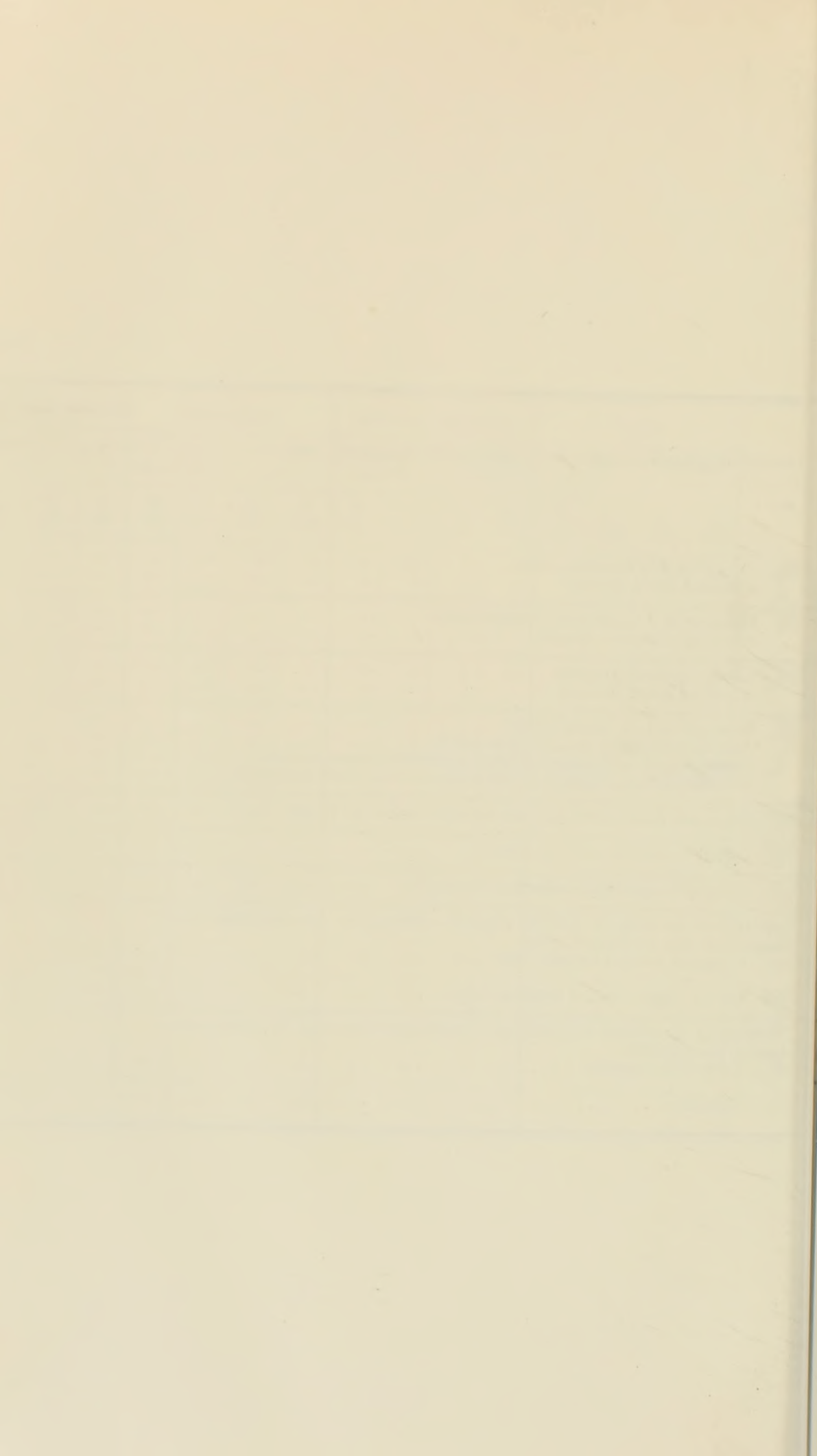


TABLE VIII
NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31ST DECEMBER, 1961

Referred by	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	M (17)	F (18)	M (19)	F (20)	
(a) General practitioners	1	1	66	102	—	—	11	12	—	—	1	—	2	—	—	1	3	1	78	115	197
(b) Hospitals, on discharge from in-patient treatment	—	—	41	45	—	—	10	4	—	—	12	11	—	—	4	2	—	—	67	62	129
(c) Hospitals, after or during out-patient or day treatment	—	—	11	20	—	—	3	1	—	—	—	—	—	1	1	—	—	1	15	21	37
(d) Local education authorities	—	—	—	—	—	—	—	—	—	1	3	12	6	4	—	—	6	5	3	12	26
(e) Police and courts	—	—	14	14	—	—	2	2	—	—	2	—	—	—	—	—	—	—	18	16	34
(f) Other sources	—	—	20	21	—	—	2	3	—	—	—	—	4	1	1	2	4	1	23	26	54

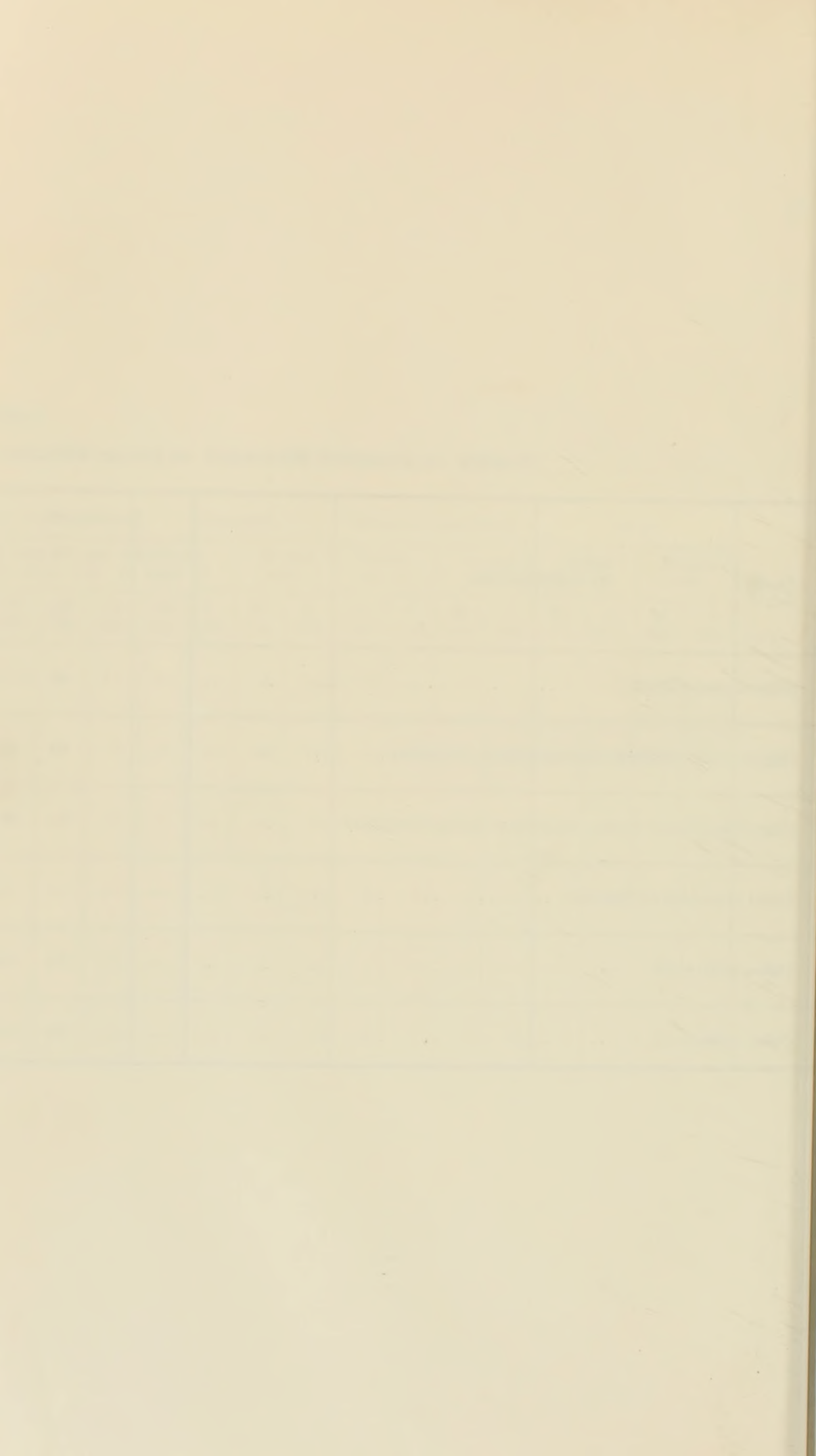


TABLE VIIA

Number of patients under L.H.A. care at 31st December, 1962	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	M (17)	F (18)	M (19)	F (20)	
(a) Total number	—	—	34	180	—	—	17	9	—	2	225	165	54	49	107	139	54	51	383	493	981
(b) Attending day training centre	—	—	—	2	—	—	—	—	—	—	1	—	41	36	10	12	41	36	11	14	102
Awaiting entry thereto	—	—	—	—	—	—	—	—	—	—	—	1	2	1	1	—	2	1	1	1	5
(c) Resident in residential training centre	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	4	—	4
(d) Receiving home training	—	—	—	—	—	—	—	—	—	1	1	1	1	2	6	22	1	3	7	23	34
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	7	2	1	2	7	12
(e) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/hostels.. .. .	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	5
Resident at L.A. expense by boarding out in private household	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e)	—	—	33	174	—	—	17	9	—	1	223	163	8	9	84	98	8	10	357	444	819

TABLE VIIb
NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL, OR ADMITTED FOR TEMPORARY RESIDENTIAL CARE DURING 1962

Referred by	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	M (17)	F (18)	M (19)	F (20)	
Number of patients in L.H.A. area on waiting list for admission to hospital at 31st December, 1962																					
(a) In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	1	9	7	1	1	9	7	1	2	19
(b) Not in urgent need of hospital care	—	—	—	—	—	—	—	—	1	—	—	—	1	3	2	4	2	3	2	4	11
(c) Total	—	—	—	—	—	—	—	—	1	—	—	1	10	10	3	5	11	10	3	6	30
Number of admissions for temporary residential care (e.g. to relieve the family)																					
(a) To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	28	9	7	7	28	9	7	7	51
(b) To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Total	—	—	—	—	—	—	—	—	—	—	—	—	28	9	7	7	28	9	7	7	51

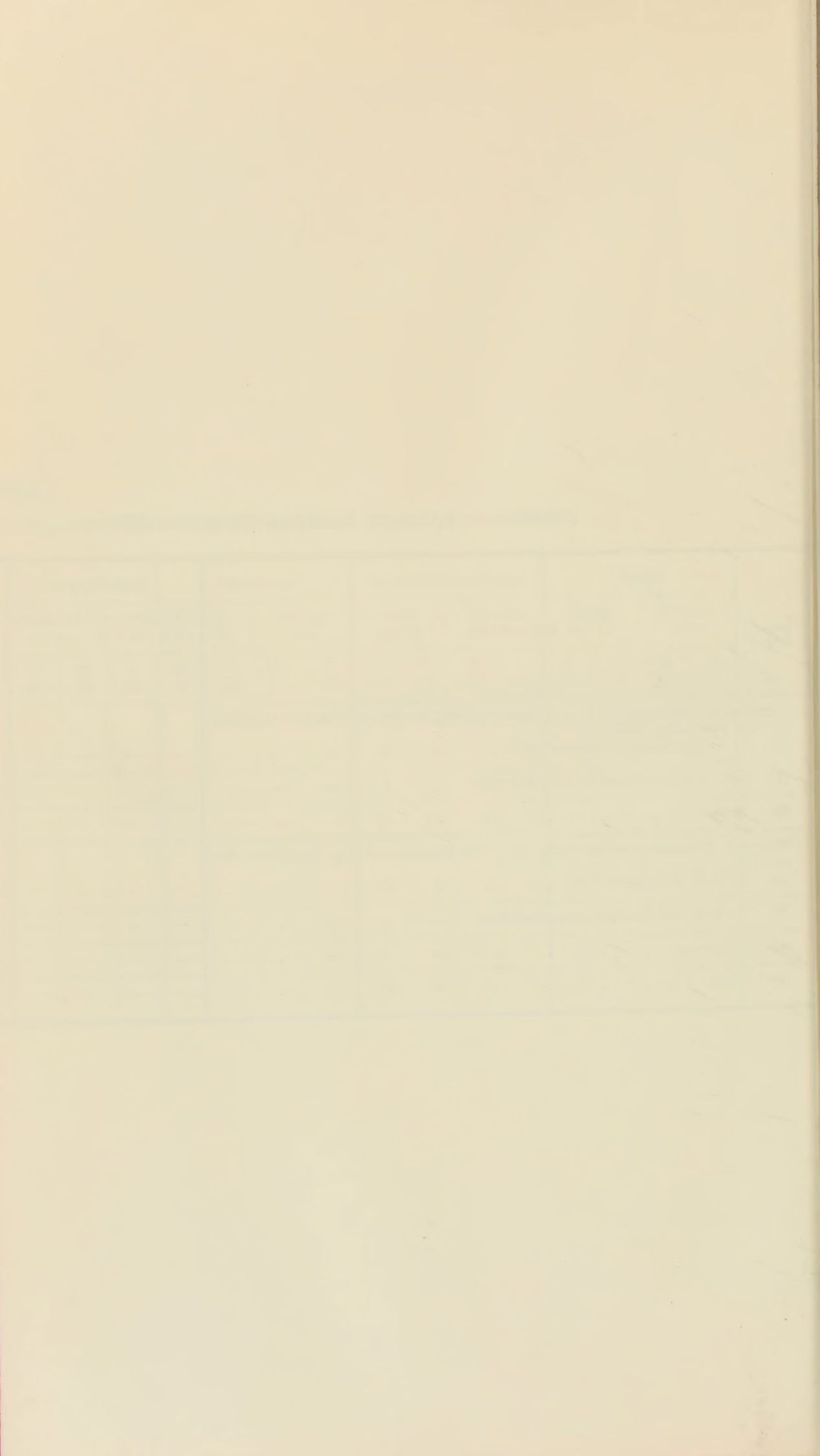


TABLE VIIIA
NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31ST DECEMBER, 1962

Referred by	Mentally Ill				Psychopath				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	M (17)	F (18)	M (19)	F (20)	
(a) General practitioners	2	2	83	142	1	—	16	9	—	—	—	—	—	—	—	—	3	2	99	151	255
(b) Hospitals, on discharge from in-patient treatment	—	—	23	18	—	—	—	—	—	—	6	6	—	—	1	3	—	—	30	27	57
(c) Hospitals, after or during out-patient or day treatment	—	—	10	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	6	16
(d) Local education authorities	—	—	—	—	—	—	—	—	—	1	14	11	6	5	1	8	6	6	15	19	46
(e) Police and courts	—	—	18	13	—	—	5	—	—	—	—	—	—	—	—	—	—	—	23	13	36
(f) Other sources	—	—	16	20	—	—	4	—	—	—	—	2	1	—	2	1	1	—	22	23	46
(g) Total	2	2	150	199	1	—	25	9	—	1	20	19	7	5	4	12	10	8	199	239	456

TABLE IX
NOTIFICATION OF INFECTIOUS DISEASES, 1961

DISEASES NOTIFIED	CASES NOTIFIED IN URBAN DISTRICTS							CASES NOTIFIED IN RURAL DISTRICTS												Total Rural Districts	Total County
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage Urban	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham		
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	6	46	2	4	—	—	7	65	5	9	5	35	—	—	1	—	1	3	89	148	213
Encephalitis, acute (infective)	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	3
Encephalitis, acute (post-infectious)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—
Erysipelas	—	—	—	2	—	1	2	5	2	—	—	1	—	—	—	—	—	—	3	6	11
Food poisoning	—	6	4	2	5	1	—	18	—	4	3	7	—	—	—	—	4	2	4	24	42
Measles	315	836	287	458	114	78	150	2,238	826	619	480	1,764	234	79	224	274	207	329	792	5,828	8,066
Meningococcal infection	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	3	3
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1
Pneumonia, acute (primary or influenzal)	9	3	3	4	—	2	3	24	13	9	8	5	2	2	5	2	3	1	9	59	83
Poliomyelitis, acute (paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute (non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	—	1	1	—	—	—	4	6	—	—	1	12	—	—	—	—	1	6	3	23	29
Scarlet fever	16	14	2	3	—	3	—	44	16	4	5	82	—	1	3	2	2	13	8	136	180
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respiratory	8	10	7	11	3	2	2	43	14	11	1	11	2	4	8	6	5	5	11	78	121
Tuberculosis, meninges and central nervous system	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Tuberculosis, other forms	—	3	—	1	1	1	—	6	3	1	—	—	2	—	1	3	4	—	3	17	23
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	10	5	23	5	—	14	12	69	40	48	11	46	7	9	31	3	13	25	22	255	324

TABLE IXA
NOTIFICATIONS OF INFECTIOUS DISEASES, 1962

DISEASES NOTIFIED	CASES NOTIFIED IN URBAN DISTRICTS								CASES NOTIFIED IN RURAL DISTRICTS												
	Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage Urban	Wokingham Borough	Total Urban Districts	Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham	Total Rural Districts	Total County
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	128	—	—	—	—	4	132	4	—	6	29	1	1	—	20	2	8	23	94	226
Encephalitis, acute (infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
Encephalitis, acute (post-infectious)	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	—	6	—	1	—	3	—	10	28	3	4	2	—	2	—	—	—	—	1	5	5
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	132	96	209	80	—	58	194	769	119	38	43	359	13	34	140	23	39	20	187	1,015	1,784
Meningococcal infection	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	2	—	20	187	1,015	1,784
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	5
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	2
Pneumonia, acute (primary or influenzal)	8	3	1	3	—	—	3	18	12	10	6	5	1	3	—	—	—	—	10	47	65
Poliomyelitis, acute (paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute (non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	—	—	—	—	—	1	5	6	1	1	1	3	—	—	—	1	—	—	1	9	15
Scarlet fever	1	2	—	6	—	1	21	31	5	13	13	61	5	1	1	3	8	9	18	137	168
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, respiratory	8	17	5	9	2	3	2	46	5	5	2	13	1	—	8	—	5	2	24	65	111
Tuberculosis, meninges and central nervous system	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Tuberculosis, other forms	3	3	1	2	—	—	1	10	1	—	—	3	2	—	—	4	1	—	2	13	23
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Whooping cough	—	3	—	2	—	2	5	12	—	1	1	14	—	3	—	—	2	—	11	32	44

TABLE X.—CAUSES OF, AND AGES AT, DEATH, 1961
URBAN DISTRICTS

CAUSES OF DEATH	Deaths in all Urban Districts									Deaths in each District (at all ages)						
	Age Groups									Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage	Wokingham Borough
	All Ages	0—	1—	5—	15—	25—	45—	65—	75—							
Tuberculosis, respiratory	3	—	—	—	—	—	1	1	1	—	2	—	—	—	—	1
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	2	—	—	—	—	—	—	2	—	—	1	—	1	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	2	—	—	1	—	—	1	—	—	1	1	—	—	—	—	—
Malignant neoplasm, stomach	37	—	—	—	—	1	7	15	14	4	8	7	7	2	3	6
" " lung, bronchus	66	—	—	—	—	2	30	19	15	6	15	14	16	5	4	6
" " breast	29	—	—	—	—	3	11	8	7	2	13	3	8	1	—	2
" " uterus	9	—	—	—	—	3	3	—	3	—	1	3	2	—	1	2
Other malignant and lymphatic neoplasms	126	—	—	—	1	5	36	38	46	11	46	26	21	1	5	16
Leukaemia, aleukaemia	9	—	2	—	—	1	—	5	1	—	3	1	2	—	1	2
Diabetes	12	—	—	—	—	—	1	2	9	—	5	3	4	—	—	—
Vascular lesions of nervous system	232	—	—	—	1	3	33	44	151	20	59	44	42	19	17	31
Coronary disease, angina	205	—	—	—	—	3	57	56	89	17	59	51	38	9	8	23
Hypertension with heart disease	22	—	—	—	—	—	5	4	13	—	9	3	7	—	3	—
Other heart disease	245	—	—	—	—	4	15	40	186	14	102	51	33	13	7	25
Other circulatory disease	64	1	—	1	—	—	7	12	43	6	13	14	12	3	3	13
Influenza	20	—	—	—	—	—	—	7	13	2	8	2	1	—	3	4
Pneumonia	83	6	—	—	—	2	8	16	51	7	19	12	20	10	4	11
Bronchitis	46	—	—	—	—	—	8	16	22	3	15	6	12	3	2	5
Other diseases of respiratory system	15	—	1	—	—	2	2	3	7	2	1	6	2	1	1	2
Ulcer of stomach and duodenum	10	—	—	—	—	—	1	4	5	1	3	2	2	1	—	1
Gastritis, enteritis and diarrhoea	6	2	—	—	—	—	2	1	1	—	1	3	2	—	—	—
Nephritis and nephrosis	7	—	—	—	—	—	1	4	2	—	2	3	1	—	1	—
Hyperplasia of prostate	8	—	—	—	—	—	—	2	6	1	4	1	1	—	—	1
Pregnancy, childbirth, abortion	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—
Congenital malformations	13	6	2	2	—	1	1	—	1	3	9	—	1	—	—	—
Other defined and ill-defined diseases	132	24	1	2	2	3	24	19	57	11	32	14	35	14	8	18
Motor vehicle accidents	13	—	1	—	4	2	2	1	3	3	4	4	1	—	—	1
All other accidents	40	1	1	—	3	2	4	4	25	3	14	3	6	4	1	9
Suicide	11	—	—	—	1	2	4	2	2	2	1	1	2	1	2	2
Homicide and operations of war	2	1	—	—	—	1	—	—	—	1	1	—	—	—	—	—
All causes	1,471	41	9	6	12	41	264	325	773	120	452	278	279	87	74	181

TABLE XA—CAUSES OF, AND AGES AT, DEATH, 1962
URBAN DISTRICTS

CAUSES OF DEATH	Deaths in all Urban Districts									Deaths in each District (at all ages)						
	Age Groups									Abingdon Borough	Maidenhead Borough	Newbury Borough	New Windsor Borough	Wallingford Borough	Wantage	Wokingham Borough
	All Ages	0—	1—	5—	15—	25—	45—	65—	75—							
Tuberculosis, respiratory	9	—	—	—	—	3	1	—	5	—	3	2	2	—	1	1
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	3	—	—	—	—	—	—	1	2	—	1	—	1	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	3	—	1	—	—	—	1	—	1	2	—	1	—	—	—	—
Malignant neoplasm, stomach	36	—	—	—	—	—	9	11	16	6	11	9	6	3	—	1
" " lung, bronchus	51	—	—	—	—	—	28	16	7	2	26	7	11	1	2	2
" " breast	22	—	—	—	—	1	8	3	10	2	6	6	3	—	2	3
" " uterus	10	—	—	—	—	2	7	1	—	1	3	1	4	—	1	—
Other malignant and lymphatic neoplasms	127	—	—	1	—	4	27	34	61	12	42	21	23	5	5	19
Leukaemia, aleukaemia	9	—	1	1	—	—	4	1	2	2	3	—	2	—	—	2
Diabetes	5	—	—	—	—	—	1	3	1	2	1	1	1	—	—	—
Vascular lesions of nervous system	243	—	—	—	1	5	21	57	159	26	59	53	27	18	13	47
Coronary disease, angina	269	—	—	—	—	9	69	79	112	28	75	54	50	13	12	37
Hypertension with heart disease	20	—	—	—	—	—	3	7	10	—	5	4	4	2	1	4
Other heart disease	206	—	—	—	—	2	7	30	167	21	83	42	31	6	7	16
Other circulatory disease	46	—	—	—	—	1	6	7	32	5	12	8	8	2	2	9
Influenza	11	—	—	1	—	—	3	—	7	2	4	4	1	—	—	—
Pneumonia	91	5	—	1	—	3	4	13	65	1	31	15	10	14	2	18
Bronchitis	61	1	—	—	1	—	13	13	32	5	22	8	14	1	3	8
Other diseases of respiratory system	11	—	1	—	—	—	2	4	4	5	—	2	1	—	—	3
Ulcer of stomach and duodenum	12	—	—	—	—	—	3	2	7	—	2	3	4	1	1	1
Gastritis, enteritis and diarrhoea	7	1	—	—	—	—	1	1	4	—	1	1	2	2	1	—
Nephritis and nephrosis	8	—	—	—	2	—	4	—	2	2	3	—	—	—	—	3
Hyperplasia of prostate	8	—	—	—	—	—	—	1	7	1	4	2	—	—	—	1
Pregnancy, childbirth, abortion	1	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
Congenital malformations	16	13	1	2	—	—	—	—	—	—	4	3	3	2	2	2
Other defined and ill-defined diseases	114	26	2	3	5	2	15	19	42	9	32	19	24	9	7	14
Motor vehicle accidents	30	—	—	3	7	10	4	2	4	8	5	7	2	2	1	5
All other accidents	34	2	2	—	1	1	2	7	19	4	10	6	4	3	2	5
Suicide	13	—	—	—	1	5	5	1	1	1	4	1	5	1	—	1
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All causes	1,476	48	8	12	18	50	248	313	779	147	452	281	243	85	65	203

TABLE XI—CAUSES OF, AND AGES AT, DEATH, 1961
RURAL DISTRICTS

CAUSES OF DEATH	Deaths in all Rural Districts									Deaths in each District (at all ages)										
	Age Groups									Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham
	All Ages	0—	1—	5—	15—	25—	45—	65—	75—											
Tuberculosis, respiratory	11	—	—	—	—	1	7	1	2	—	2	3	1	2	—	—	2	1	—	—
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	6	—	—	—	—	—	2	3	1	—	1	2	1	1	1	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Other infective and parasitic diseases	4	—	1	—	—	1	1	—	1	—	—	—	1	1	—	—	—	—	—	—
Malignant neoplasm, stomach	71	—	—	—	—	3	16	20	32	2	12	8	8	10	1	5	4	3	4	1
" " lung, bronchus	93	—	—	—	—	4	50	26	13	13	11	3	20	1	2	12	6	4	4	14
" " breast	46	—	—	—	—	5	16	12	13	7	3	—	9	1	2	7	1	3	3	17
" " uterus	19	—	—	—	—	2	6	8	3	2	1	2	—	—	—	7	1	3	3	10
Other malignant and lymphatic neoplasms	214	1	1	—	3	13	63	49	84	22	10	12	41	13	14	14	22	10	13	8
Leukaemia, aleukaemia	14	1	—	—	1	—	5	5	2	3	2	—	5	—	—	1	1	—	—	2
Diabetes	10	—	—	—	—	1	1	4	4	—	1	1	1	1	—	3	—	—	1	2
Vascular lesions of nervous system	321	—	—	—	—	4	46	78	193	36	25	16	31	18	15	28	30	20	30	72
Coronary disease, angina	421	—	—	—	—	6	94	131	190	36	51	23	67	13	16	27	44	30	21	93
Hypertension with heart disease	40	—	—	—	—	2	12	26	4	4	4	1	7	3	3	4	1	4	1	8
Other heart disease	291	—	—	—	1	4	43	69	174	24	24	22	40	18	13	20	46	15	21	48
Other circulatory disease	119	—	—	—	—	2	21	22	74	9	12	8	17	8	8	11	5	4	11	26
Influenza	33	—	1	—	—	3	6	5	18	8	4	1	4	1	4	2	4	2	—	3
Pneumonia	147	18	4	2	1	4	15	24	79	14	9	7	17	4	8	11	32	13	6	26
Bronchitis	99	1	—	—	—	—	24	25	49	10	8	1	22	2	9	7	5	7	9	19
Other diseases of respiratory system	18	—	—	—	1	—	1	7	9	—	1	1	1	2	3	1	3	1	2	3
Ulcer of stomach and duodenum	19	—	—	—	—	—	5	5	9	1	2	1	2	—	3	—	1	1	4	4
Gastritis, enteritis and diarrhoea	11	1	—	—	—	1	2	1	6	2	1	1	—	—	—	1	—	1	1	4
Nephritis and nephrosis	10	—	—	2	—	—	3	3	2	2	4	—	—	1	—	—	—	—	—	3
Hyperplasia of prostate	14	—	—	—	—	—	3	4	7	2	2	1	2	1	—	—	1	—	—	4
Pregnancy, childbirth, abortion	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	1
Congenital malformations	36	25	1	2	—	4	4	—	—	3	3	6	6	2	2	5	2	1	—	6
Other defined and ill-defined diseases	214	60	4	2	2	8	32	25	81	17	17	15	30	4	10	14	18	16	27	46
Motor vehicle accidents	51	2	2	2	11	15	11	4	4	6	7	5	3	4	1	3	4	3	3	12
All other accidents	64	2	2	7	4	7	8	11	23	12	4	4	7	1	2	6	6	3	6	13
Suicide	29	—	—	—	1	10	12	5	1	3	1	1	4	3	2	6	3	—	—	6
Homicide and operations of war	3	—	1	1	—	—	1	—	—	—	—	—	—	2	—	—	1	—	—	—
All causes	2,431	112	17	18	26	99	500	559	1,100	239	222	145	348	117	119	188	243	144	172	494

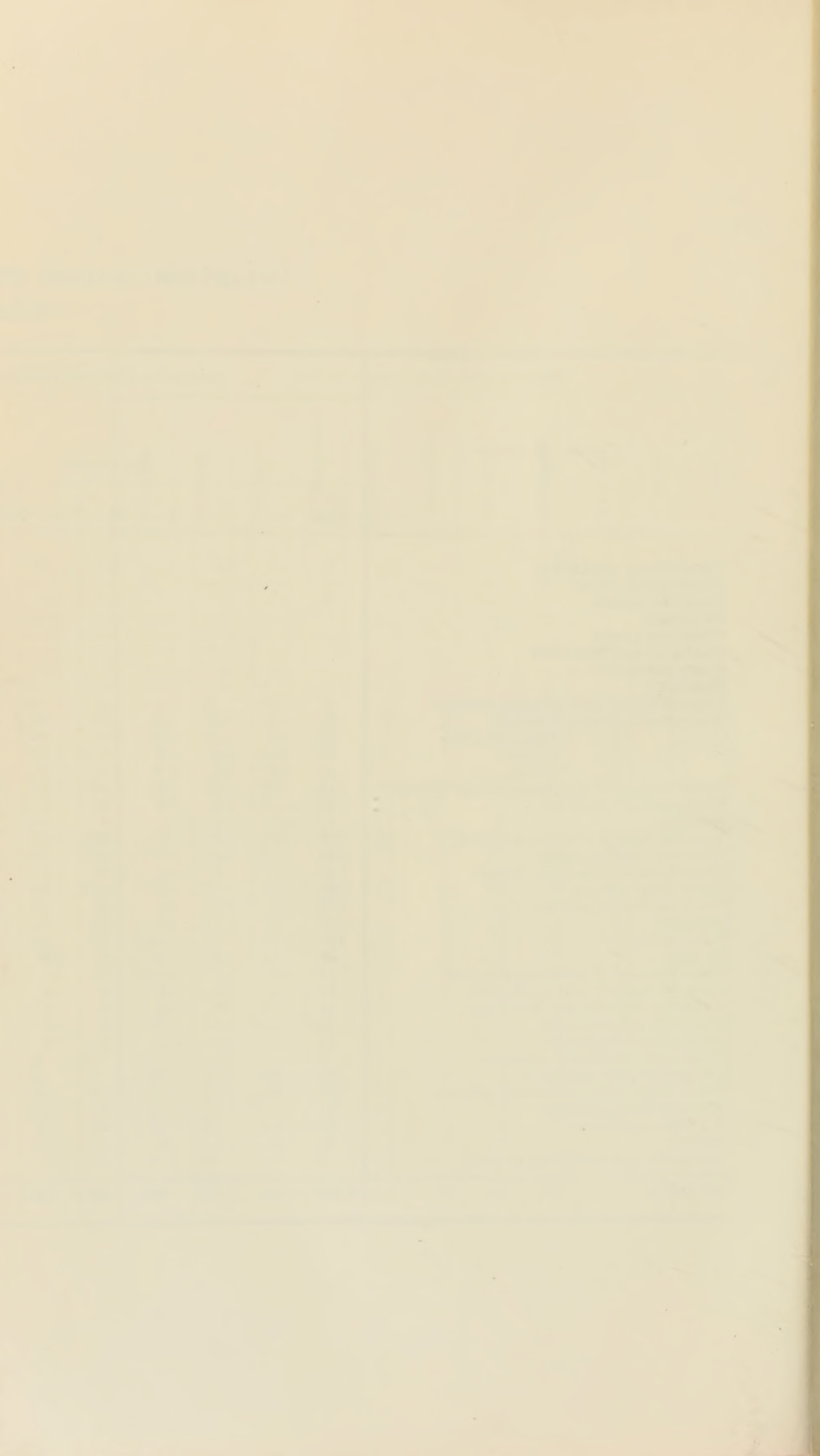


TABLE XIa—CAUSES OF, AND AGES AT, DEATH, 1962

RURAL DISTRICTS

CAUSES OF DEATH	Deaths in all Rural Districts									Deaths in each District (at all ages)										
	Age Groups									Abingdon	Bradfield	Cookham	Easthampstead	Faringdon	Hungerford	Newbury	Wallingford	Wantage	Windsor	Wokingham
	All Ages	0—	1—	5—	15—	25—	45—	65—	75—											
Tuberculosis, respiratory	8	—	—	—	—	—	3	3	2	—	2	1	1	—	—	—	2	—	—	2
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilitic disease	7	—	—	—	—	—	—	1	6	1	—	—	—	2	—	1	—	2	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	44	—	—	—	1	1	6	13	23	2	2	2	5	2	1	5	5	1	—	2
" " lung, bronchus	109	—	—	—	1	1	60	37	11	14	11	8	17	3	6	9	8	4	2	15
" " breast	42	—	—	—	—	5	19	9	9	7	4	4	3	2	1	4	4	1	2	21
" " uterus	12	—	—	—	—	2	7	1	2	2	—	—	—	1	—	1	—	—	10	4
Other malignant and lymphatic neoplasms	201	—	—	5	1	7	68	51	69	20	21	13	30	5	8	15	15	16	16	42
Leukaemia, aleukaemia	9	1	—	—	—	2	2	1	3	—	2	—	1	—	1	—	2	—	2	1
Diabetes	16	—	—	—	—	2	3	3	8	3	—	1	4	1	1	—	1	—	1	4
Vascular lesions of nervous system	378	—	—	—	—	3	56	77	242	55	31	16	48	15	15	32	33	22	40	71
Coronary disease, angina	422	—	—	—	8	109	117	188	42	43	21	61	18	23	34	41	26	33	80	7
Hypertension with heart disease	48	—	—	—	—	9	12	27	5	7	5	6	1	5	3	3	3	3	3	7
Other heart disease	326	—	—	—	—	8	26	58	234	26	19	23	40	34	19	33	49	11	22	50
Other circulatory disease	124	—	—	—	—	3	20	22	79	4	15	9	24	7	6	10	4	5	12	28
Influenza	18	—	—	—	—	—	1	5	12	3	1	—	3	—	1	1	—	2	3	4
Pneumonia	161	16	2	5	—	3	19	25	91	18	19	6	14	11	14	12	16	8	7	36
Bronchitis	117	—	—	—	—	1	17	42	57	11	13	5	12	2	9	6	8	12	16	23
Other diseases of respiratory system	24	—	—	—	—	3	5	7	9	4	—	2	8	1	—	3	2	1	1	2
Ulcer of stomach and duodenum	24	—	—	—	—	—	4	6	14	4	4	1	1	—	4	—	—	—	5	4
Gastritis, enteritis and diarrhoea	9	—	2	1	—	—	1	—	5	1	1	—	1	1	—	—	1	1	1	2
Nephritis and nephrosis	8	—	—	—	1	1	1	3	2	—	—	—	—	2	1	1	—	—	1	3
Hyperplasia of prostate	9	—	—	—	—	—	1	—	8	2	3	—	—	1	2	—	—	—	—	1
Pregnancy, childbirth, abortion	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	38	27	3	4	1	—	1	1	1	4	6	1	2	1	2	6	2	1	—	13
Other defined and ill-defined diseases	249	78	3	3	1	8	34	40	82	18	24	18	34	7	11	23	20	13	23	58
Motor vehicle accidents	37	—	—	—	16	9	7	2	3	8	1	3	5	1	—	2	4	—	3	10
All other accidents	55	4	4	—	5	4	10	7	21	5	6	7	6	3	6	1	5	1	5	10
Suicide	17	—	—	—	3	6	5	2	1	2	1	—	3	3	—	—	3	1	1	3
Homicide and operations of war	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—
All causes	2,519	126	14	18	29	78	499	546	1,209	262	236	146	330	124	137	202	228	135	212	507

TABLE XII—CAUSES OF, AND AGES AT, DEATH, 1961
ADMINISTRATIVE COUNTY OF BERKS

CAUSES OF DEATH	Net Deaths in Age Groups of "Residents", whether occurring within or without the County								
	Age Groups								75 and up-wards
	All Ages	0—	1—	5—	15—	25—	45—	65—	
Tuberculosis, respiratory	14	—	—	—	—	1	8	2	3
Tuberculosis, other	—	—	—	—	—	—	—	—	—
Syphilitic disease	8	—	—	—	—	—	2	5	1
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—
Meningococcal infections	1	—	1	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—
Measles	1	1	—	—	—	—	—	—	—
Other infective and parasitic diseases	6	—	1	1	—	1	2	—	1
Malignant neoplasm, stomach	108	—	—	—	—	4	23	35	46
" " lung, bronchus	159	—	—	—	—	6	80	45	28
" " breast	75	—	—	—	—	8	27	20	20
" " uterus	28	—	—	—	—	5	9	8	6
Other malignant and lymphatic neoplasms	340	1	1	—	4	18	99	87	130
Leukaemia, aleukaemia	23	1	2	—	1	1	5	10	3
Diabetes	22	—	—	—	—	1	2	6	13
Vascular lesions of nervous system	553	—	—	—	1	7	79	122	344
Coronary disease, angina	626	—	—	—	—	9	151	187	279
Hypertension with heart disease	62	—	—	—	—	—	7	16	39
Other heart disease	536	—	—	—	1	8	58	109	360
Other circulatory disease	183	1	—	1	—	2	28	34	117
Influenza	53	—	1	—	—	3	6	12	31
Pneumonia	230	24	4	2	1	6	23	40	130
Bronchitis	145	1	—	—	—	—	32	41	71
Other diseases of respiratory system	33	—	1	—	1	2	3	10	16
Ulcer of stomach and duodenum	29	—	—	—	—	—	6	9	14
Gastritis, enteritis and diarrhoea	17	3	—	—	—	1	4	2	7
Nephritis and nephrosis	17	—	—	2	—	—	4	7	4
Hyperplasia of prostate	22	—	—	—	—	—	3	6	13
Pregnancy, childbirth, abortion	3	—	—	—	1	2	—	—	—
Congenital malformations	49	31	3	4	—	5	5	—	1
Other defined and ill-defined diseases	346	84	5	4	4	11	56	44	138
Motor vehicle accidents	64	2	3	2	15	17	13	5	7
All other accidents	104	3	3	7	7	9	12	15	48
Suicide	40	—	—	—	2	12	16	7	3
Homicide and operations of war	5	—	2	1	—	1	1	—	—
All causes	3,902	152	27	24	38	140	764	884	1,873

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TABLE XIIIa—CAUSES OF, AND AGES AT, DEATH, 1962

ADMINISTRATIVE COUNTY OF BERKS

CAUSES OF DEATH	Net Deaths in Age Groups of "Residents", whether occurring within or without the County								
	Age Groups								
	All Ages	0—	1—	5—	15—	25—	45—	65—	75 and up-wards
Tuberculosis, respiratory	17	—	—	—	—	3	4	3	7
Tuberculosis, other	—	—	—	—	—	—	—	—	—
Syphilitic disease	10	—	—	—	—	—	—	2	8
Diphtheria	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	8	—	1	—	—	—	5	1	1
Malignant neoplasm, stomach	80	—	—	—	1	1	15	24	39
" " lung, bronchus	160	—	—	—	—	1	88	53	18
" " breast	64	—	—	—	—	6	27	12	19
" " uterus	22	—	—	—	—	4	14	2	2
Other malignant and lymphatic neoplasms	328	—	—	6	1	11	95	85	130
Leukaemia, aleukaemia	18	1	1	1	—	2	6	2	5
Diabetes	21	—	—	—	—	2	4	6	9
Vascular lesions of nervous system	621	—	—	—	1	8	77	134	401
Coronary disease, angina	691	—	—	—	—	17	178	196	300
Hypertension with heart disease	68	—	—	—	—	—	12	19	37
Other heart disease	532	—	—	—	—	10	33	88	401
Other circulatory disease	170	—	—	—	—	4	26	29	111
Influenza	29	—	—	1	—	—	4	5	19
Pneumonia	252	21	2	6	—	6	23	38	156
Bronchitis	178	1	—	—	1	2	30	55	89
Other diseases of respiratory system	35	—	1	—	—	3	7	11	13
Ulcer of stomach and duodenum	36	—	—	—	—	—	7	8	21
Gastritis, enteritis and diarrhoea	16	1	2	1	—	—	2	1	9
Nephritis and nephrosis	16	—	—	—	3	1	5	3	4
Hyperplasia of prostate	17	—	—	—	—	—	1	1	15
Pregnancy, childbirth, abortion	2	—	—	—	—	2	—	—	—
Congenital malformations	54	40	4	6	1	—	1	1	1
Other defined and ill-defined diseases	363	104	5	6	6	10	49	59	124
Motor vehicle accidents	67	—	—	3	23	19	11	4	7
All other accidents	89	6	6	—	6	5	12	14	40
Suicide	30	—	—	—	4	11	10	3	2
Homicide and operations of war	1	—	—	—	—	—	1	—	—
All causes	3,995	174	22	30	47	128	747	859	1,988

